

Ravalli County Sheriff's Office  
205 Bedford Street, Suite G  
Hamilton, MT 59840-2853



Chris Hoffman, Sheriff  
Kevin McConnell, Undersheriff

## **CARRY CONCEALED WEAPON (CCW) APPLICATION INSTRUCTIONS**

At the time you submit your CCW application, you must provide the Sheriff's Office with the following:

1. **Cash (exact change) or check in the amount of \$55.00 to cover costs of processing and fingerprinting.**  
(Make checks payable to the Ravalli County Treasurer's Office)
2. **A Certificate of Completion of a firearm safety course as described in Subsection (3) of the Montana Statutes, an affidavit from the entity or instructor that conducted the course attesting to completion of the course, or a copy of any other document which attests to completion of the course and can be verified through contact with the entity or instructor that conducted the course. Example: Hunter's Safety Course, NRA Firearm Safety Course, Military DD-214.**
3. **A valid Montana Driver's License or other form of picture ID issued by the State of Montana.**
4. **A recent color photograph of yourself (taken in the last month) approximately 1" x 1 1/4" that will fit on the permit. See box at the bottom of the page for exact size the photo needs to be to fit on permit. (NOTE: One Hour Photo Center is very familiar with the size of the photo that is needed)**
5. **Fingerprinting for Concealed Weapons Permits is done on Wednesdays from 12:00 p.m. to 2 p.m. (There are no exceptions to this day or times.)**  
**At the time of fingerprinting, the completed application will be accepted.**

**NOTICE:** Failure to complete the CCW application honestly may result in the denial of your permit. Your Social Security Number is required on the application but will not appear on your CCW permit.

**DO NOT  
AFFIX  
PHOTO  
HERE**

CCW Permit #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expired CCW Permit  
#: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case# \_\_\_\_\_

NICS# \_\_\_\_\_ proceed

## STATE OF MONTANA

### CONCEALED WEAPON PERMIT APPLICATION

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS (    ) YES (    ) NO

CITIZEN OF THE UNITED STATES (    ) YES (    ) NO

18 YEARS OF AGE OR OLDER (    ) YES (    ) NO

**PLEASE TYPE OR PRINT**

Full name: \_\_\_\_\_

Last                                      First                                      Middle

Alias/Maiden/Nickname: \_\_\_\_\_

Address: Home: \_\_\_\_\_

Street                                      City                                      State                                      Zip

Employer: \_\_\_\_\_

Street                                      City                                      State                                      Zip

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home                                      Work                                      Message

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: (    ) Male (    ) Female

SSN: (need for D.O.J –IT WILL NOT APPEAR ON CCW)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

Please describe any Scars, Marks, & Tattoos that you may have:

**LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST FIVE (5) YEARS:**

|     | Employer or<br>Business Name | Address | Date of<br>Employment |
|-----|------------------------------|---------|-----------------------|
| 1.) | _____                        | _____   | _____                 |
| 2.) | _____                        | _____   | _____                 |
| 3.) | _____                        | _____   | _____                 |
| 4.) | _____                        | _____   | _____                 |
| 5.) | _____                        | _____   | _____                 |

**LIST EACH PLACE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS:**

|     | City  | State | Dates of Residence |
|-----|-------|-------|--------------------|
| 1.) | _____ | _____ | _____              |
| 2.) | _____ | _____ | _____              |
| 3.) | _____ | _____ | _____              |
| 4.) | _____ | _____ | _____              |
| 5.) | _____ | _____ | _____              |
| 6.) | _____ | _____ | _____              |

**MILITARY SERVICE, BRANCH:**\_\_\_\_\_ **FROM:**\_\_\_\_\_ **TO:**\_\_\_\_\_

**TYPE OF DISCHARGE:**\_\_\_\_\_ **RANK AT DISCHARGE:**\_\_\_\_\_

**THE ANSWERS TO THE FOLLOWING QUESTIONS ARE SPECIFIC. IF YOU HAVE EVER BEEN ARRESTED FOR ANY REASON, YOU MUST MARK “YES”. THIS INCLUDES ANY INCIDENT WHERE YOU MAY NOT HAVE BEEN CHARGED AT A LATER DATE, HAD THE CHARGES DISMISSED, OR BELIEVE THAT THE CHARGES TO BE REMOVED FROM YOUR RECORD.**

**LESS THAN TRUTHFUL RESPONSES WILL RESULT IN THE DENIAL OF THIS APPLICATION. AGAIN, THIS INCLUDES ANY ARREST OR CHARGE EVER!**

**(i.e. even 30 to 50 years ago).**

- 1. HAVE YOU EVER BEEN ARRESTED? ( ) YES ( ) NO**
- 2. HAVE YOU EVER BEEN CHARGED WITH ANY CRIME, MISDEMEANOR OR FELONY?  
( ) YES ( ) NO**
- 3. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR FOUND GUILTY IN A COURT  
MARTIAL PROCEEDING? ( ) YES ( ) NO**

**IF YES TO ANY OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING: (EXCEPTIONS:  
MINOR TRAFFIC VIOLATIONS)  
(ATTACH ADDITIONAL SHEET IF NECESSARY)**

|     | City  | State | Charge | Date  |
|-----|-------|-------|--------|-------|
| 1.) | _____ | _____ | _____  | _____ |
| 2.) | _____ | _____ | _____  | _____ |
| 3.) | _____ | _____ | _____  | _____ |
| 4.) | _____ | _____ | _____  | _____ |
| 5.) | _____ | _____ | _____  | _____ |

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby authorize any person having information concerning me that relates to the information requested by this application and the requirement for a concealed weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

**\*\*\*\*This application must be signed in the presence of the sheriff or his designee.\*\*\*\***

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**Date**

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**Signature of Applicant**

**Signature witnessed by: \_\_\_\_\_ (initials)**

**\*\*\*\*\*NOTICE\*\*\*\*\***

**When time to renew your Concealed Weapon Permit, (4 years from date of issue) , You must bring in your Permit and start the renewal process 30 days prior to the expiration date. If the Permit is even one (1) day after the expiration date, you must pay the full price of \$55.00 and start the process over. Renewal fee is \$25.00.**